	ise type a p	tus sign (-) ınsıı	oe.
i i i	r the Pape	سوم عو	Suction	٠.
				_

PTO/SB05 (4.98)
Approved for use through 09/30/2000 OM8 6651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

BEST AVAILABLE COPY

red to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL

Anomey Docket No. Harvatek-9030

First Inventor or Application Identifier Bily WANG

Title LED Focusing Cup in a Stacked Substrate

(Only for new nonordysional accircations under 37 C.F.F. § 1 53(6)) Ex.

Express Mail Label No.

A COLICATION ST SACTO				
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patient application contents	ADDRESS TO: Box Patent Application			
1. X Fee Transmittal Form (e.g., PTO/SB/17) (Supmit an original and a supercase for fee processing)	5. Microfiche Computer Program (Appendix)			
2. X Specification [Total Pages 6].	6. Nucleotide and/or Amino Acid Sequence Submission (// applicable, all necessary)			
- Descriptive title of the Invention				
· Cross References to Related Applications	a. Computer Readable Copy			
Statement Regarding Fed sponsored A & D	b. Paper Copy (identical to computer copy)			
Reference to Microfiche Appendix	c. Statement ventying identity of above copies			
- Background of the Invention	7			
· Brief Summary of the Invention	ACCOMPANYING APPLICATION PARTS			
- Bnef Description of the Orawings (if filed)	7. X Assignment Papers (cover sheet & document(s))			
Detailed Description	8 37 C.F.R.§3.73(b) Statement Power of			
- Claim(s)	(when there is an assignee) X Attomey			
- Abstract of the Disclosure	9. English Translation Document (if applicable)			
3. X Drawing(s) (35 U.S.C. 113) (Total Shoots 13)	10. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations			
4. Oath or Declaration [Total Pages 2]	11. Preliminary Amendment			
a. X Newly executed (original or copy)	12. Return Receipt Postcard (MPEP 503)			
b. Copy from a prior application (37 C.F.R. § 1.63)	(Should be specifically itemized)			
To completed)	Sirial Entry — Chataman Chat			
i. DELETION OF INVENTORIS	Statement(s) (PTO/SB/09-12) Status still proper and desired			
Signed statement attached deleting	Cogifica Converted			
inventor(s) named in the prior application	(if loreign priority is claimed)			
See 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). NOTE FOR TIEWS 1.4 13: IM ORDER TO BE ENTITLED TO PAY SMALL ENTITY.	l.a			
TOTE TELEBRIA TOTAL APPOCATION B RELIED UPON (37 C.F.R. [121)				
16. If a CONTINUING APPLICATION, check appropriate box, and a	SUCON IDA (POLIUSIA INICATA)			
Continuation Divisional Continuation-in-part (C	CIP) of annual size in the size of the siz			
Prograpalication information: Francis	abblication (46)			
For CONTINUATION or DIVISIONAL ARRESTATE CONTINUATION OF DIVISIONAL ARRESTATE CONTINUATION OF DIVISIONAL ARRESTATE OF THE CONTINUATION OF DIVISIONAL ARRESTATE OF THE CONTINUATION OF DIVISIONAL ARRESTATE OF THE CONTINUATION OF				
under Box 4b, is considered a part of the disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be reflect upon when a portion has been inadvertiently omitted from the submitted application parts.				
17. CORRESPONDE	NCE ADDRESS			
Customer Number or Bar Code Label				
· · · · · · · · · · · · · · · · · · ·	or X Correspondence address below			
(Insert Customer No. or All.	ach bar code label here)			
Name :				
Hung Chang LIN				
8 Schindler Court				
Address				
cmy Silver Spring				
State 1 MT y Tatio Zip Code 20903				
	-434-3571 For 301-434-6581			
Name (Panetype) Hung Chang LIN	Registration No. (Attorney/Agenti) 28,789			
Signature Itung Chang Line	Nuc 2 2004			
Burgen Hour Statement: This Irom is a surround to	Date Aug. 2, 2001			

Burden Hour Statement: This Idm is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office. Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

		TO THE CAMBER COMO : U.S. DEPARTMENT OF COLONERCE		
००००/१८० ८ स. १८७५	U.S. Department of Commerce	Complete H Known		
	Petent and Tradement Office	Application Number		
FEE TRANSMITTAL		Filing Date		
		First Named Inventor	Bily WANG	
		Group Art Unit		
70744 44404		Examiner Name		
TOTAL AMOUNT OF PAYMEN	PAYMENT (\$) 395.00	Ammey Docket Number	Harvatek 9030	
METUODOS				

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)				
1. The Commissioner is hereov surported to charge					
ndicated less and credit any over payments to:	3. ADDITIONAL FEES				
Account	Foo Foe Foe Foe Code (S) Code (S) Earl				
Number Depart	Code (S) Code (S) Fee Description Fee Paid 105 130 205 65 Surcharge - Issa filing fee or outh				
Account	j				
	127 50 227 25 Surcherge - late provisional filing the or over sheet				
Charge Any Addroonal Charge the lause Fee Set in 37 Fee Acousted Union 37 CPR 1.12 of the Masters of the	139 130 139 130 Non-English specification				
CFR 1,16 and 1,17 Notice of Allowence, 27 CFR	147 2,390 147 2,390 For filing a request for rescommendon				
1,311(b)					
2. X Payment Enclosed:	112 670 112 670 Requesting publication of SIR prior to				
X Check Order Other	1				
SEE CALCUMATION	113 1,740° 113 1,740° Requesting publication of SIR after Exemples action				
FEE CALCULATION (fees effective 10/01/95)	115 110 215 55 Extension for response within first month				
1. FILING FEE					
large from the district	116 380 218 190 Edianason for response within second month 117 900 217 450 Edianason for response within third month				
Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid	118 1,400 218 700 Extension for response within fourth month				
Code (3) Code (5)	119 290 219 145 Hotos of Access				
101 759 201 375 USRy filing her 355	120 290 222 145 Filling a brief in support of an appeal				
The last condition of the	121 250 221 125 Request for one hearing				
	138 1,430 138 1,430 Petition to institute a public use proceeding				
The same of the sa	140 110 240 55 Peddon to revive unevoidably abendoned				
114 150 214 75 Provisional filing lea	Application				
SUBTOTAL (1) (1) 355	141 1,250 241 525 Peetton to revive unimaritionally				
	abandoned application				
2. CLAIMS Fee from Fee Paid	142 1,250 242 525 Utility lawset fee (or necessary)				
cat Claims 20 = X = F++ Peld	143 430 243 215 DeetQn NISULE Reg				
-3 = X	144 C30 244 315 Park traue fee				
Attacke Decembers Claims X	122 130 122 130 Petitions to the Commissioner				
	123 50 123 50 Pettorns related to provisional applications				
Large Entity Small Entity	126 220 128 220 Submission of Information Disclosium Strik				
Fee Fee Fee Fee Fee Description Code (8) Code (8)	S81 40 S81 40 Recording each patient assignment per				
103 22 203 11 Ceitre in excess of 20	brodeck (guine unitides of biodecies)				
102 78 202 39 Independent carins in excess of 3	146 750 246 375 Filing a submission after final rejection (37 CFR 1.129(a))				
104 250 204 125 Municiple dependent chairs					
109 75 209 29 Anissue independent Coline	149 750 249 373 For each additional invention to be coarmined (37 CFR 1.129(b))				
over original prosett					
110 22 210 11 Release claims in excess of 20 and over original persent	Other fee (specify) Other fee (specify)				
	552 154 1552 171				
SUBTOTAL (2) (\$)	OA(*) (E) LATOTBUS				
	*Reduced by Basic Filing Fee Paid				

SUBMITTED BY	<u> </u>			
Typed or			Complete	ROOKCHO-H
Printed Name	Hung Chang LIN		Reg. Number	28,789
Signature	Itung Chang Lin	Oats 8/2/01	Deposit Account	
uram Hour Same	The second second		10	<u> </u>

2. hours to complete. Time will viery depending upon the needs of the individual cases. Why com-The strough of the you are required to complete this form should be sent to the Chief Information Officer, Patient and Tradement Officer, Westerquot, OC 20031 OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADORESS. SEND TO: Assistant Commissionar for Patients, Westerquot, OC 20031,